

ART. IX.—*Case of Pericarditis*. By CHARLES C. HILDRETH, M. D.

Geo. Powell, blacksmith, æt. 35, of strong constitution, and temperate habits, has for some years past been subject to hemorrhages from the nose, and occasionally to some disturbance of the heart's action.

For six months past he has had no hemorrhage; but frequently after violent exercise has been troubled with palpitations and a feeling of oppression about the chest.

On *Aug. 15th*, 1843, after exercise of unusual violence, and from sudden suppression of perspiration, he was attacked with violent palpitation and great præcordial distress—being unable to work, he went home, and without medical advice took an emetic of antimony.

On the 17th, he came to my office to consult me. In making an examination of his case I found but little febrile excitement, great oppression about the chest, but no cough. Impulse of the heart increased, with great irregularity in the contraction of the ventricles; pulse small, tense, intermittent, sometimes so rapid as scarcely to be counted. With the hope of arresting the incipient inflammation I bled him to approaching syncope. About ten ounces only were lost. He continued faint for half an hour, and in the mean time threw up the contents of the stomach. From the loss of blood and emesis he found considerable relief from oppression about the chest. Prescribed ten grs. of calomel and eight of Dover's powder at night, to be followed by a saline purgative in the morning.

*Aug. 18th*. The dyspnoea, præcordial distress and palpitation continued—has been freely purged—secretions natural from the bowels, but from the kidneys very high-coloured, frequently passed, and in small quantities. Patient cannot lie on the left side nor horizontally. Sits well, propped up in bed. In making a more minute examination of the heart, I found that no perceptible extension of the natural, dull or flat sound over it could be detected by percussion. By auscultation, found the impulse of the heart rather stronger than natural, its valvular sounds, however, not heard over an unusual extent.

Contraction of the ventricles, irregular, intermittent, sometimes extremely rapid; pulse at the wrist not always corresponding with each contraction—a distinct rubbing or friction sound (*bruit de frottement*) was found to accompany the action of the heart, indicating some obstruction to its natural freedom of motion. Pressure upwards upon the diaphragm and over the region of the heart gave pain. Having satisfactorily to myself made the diagnosis of pericarditis, I proceeded to treat the case as follows:—To allay the irregularity as well as the frequency of the heart's action, 20 drops of tinct. digitalis were given three times daily, in the infusion of cimicifuga. As the constitutional influence of mercury in inflammations of serous

membranes has an almost invariably happy effect; an attempt was made to bring the patient under its action as soon as possible. To this end, 5 grs. of calomel were given every four hours, continued with Dover's powder sufficient to prevent its passing off too readily by the bowels.

In the evening, during an exacerbation of fever, he was again bled to approaching syncope; but without much benefit, or relief from oppression.

*Aug. 19th.* Symptoms much the same; passed a very restless night; considerable fever; action of the heart not influenced by remedies; secretion from the kidneys very high-coloured, and passed in small quantities; pulse very irregular; oppression in breathing, and pains about the region of the heart persist. The friction or rubbing sound accompanying the contraction of the ventricles has disappeared entirely. Slight cough of a dry character. Bled again to approaching syncope, and gave one-fourth gr. morphia with calomel five grs., to induce repose at night. Continue treatment.

*Aug. 20th.* Patient worse; vomiting incessantly, discharging large quantities of gas from the stomach; very much annoyed by hiccough; considerable swelling of face and abdomen, of hands and feet; action of the heart very irregular, intermittent, rapid; many of the contractions of the ventricles not perceptible at the wrist.

Impulse of the heart diminished, and sounds less distinct.

Percussion indicates an extension of the flat sound over an unusual extent in the præcordial region.

The left side of the chest evidently enlarged; the intercostal spaces unusually prominent; on actual measurement a difference of an inch and a half found in favour of the left side.

Patient again bled to approaching syncope, with considerable relief to the respiration; a large blister applied over the region of the heart and drest with mercurial ointment. Syrup of ginger with fractional doses of morphia now given with good effect in allaying the hiccough, and the secretion of gas by the stomach. The digitalis and mercury continued.

*Aug. 21st.* Patient somewhat relieved; some evidence of the constitutional influence of the mercury—action of the heart very nearly the same; slight cough of a dry character; respiratory murmur perfect in all parts of the chest, proving the cough to be merely sympathetic. Continue treatment. Digitalis and mercury as usual.

*Aug. 22d.* Patient better in all respects; gums swollen; saliva more abundant; cough diminished; action of the heart more regular; pulse slower; but intermittent,—not so much oppression about the præcordial region; can lie down somewhat nearer the horizontal posture, very free secretion of urine during the night, nearly natural in colour.

Effusion into the cellular structures of the face, and extremities very nearly reabsorbed.

Omit the mercury, but continue the digitalis in doses of twenty drops three times daily, with the *cimicifuga*.

From this time forth the patient continued gradually to improve—a gentle mercurial action was maintained for about ten days. The digitalis was given regularly up to Sept. 4th, when it was omitted.

The pulse gradually came down to the healthy standard under the influence of the remedies; and on Sept. 1st the patient had so far recovered as to visit my office. Abstinence from all active exertion was hence enjoined for some weeks to come, in order to guard against any return of the symptoms.

*Remarks.*—That this was a case of pure pericarditis, we think, cannot well be doubted. The early history of the case would favour this opinion, as well as the presence of all the ordinary symptoms of the disease, viz.: the pain and oppression about the region of the heart; the palpitations, irregularity, and intermission of its action, dropsical symptoms, &c.

The friction sounds heard on the 18th indicated a slight effusion of lymph or serum into the free surface of the pericardium, thus impairing its freedom of motion, and by actual contact and friction between its opposing surfaces, giving rise to the sounds referred to, during the contractions of the ventricles.

The entire absence of these sounds on the 19th indicated (in connection with the other symptoms), so great an effusion into the pericardium as to force its opposing surfaces from contact, and, of course, to destroy the sounds from friction. Diminished impulse and recession of the valvular sounds and other evidence of increased effusion.

The distension of the left intercostal spaces, the signs from percussion, the enlargement of the left side of the chest as proved by actual measurement on the 20th, establish beyond a doubt the presence of a large effusion into the pericardium. That the effusion was not into the pleura, we infer from its *location* as defined by percussion, from the absence of the ordinary signs of pleurisy, and from the great disturbance of the heart's action, the anasarca, &c., which do not ordinarily attend pleurisy.

The hiccough, on the 20th indicated an extension of the inflammation to the serous covering of the diaphragm; and the vomiting and free secretion of gas by the stomach, were evidences of the strong sympathy between the stomach and diaphragm, which, it will be remembered, are in actual contact.

The cough was also sympathetic; as proven by the perfectly healthy character of the respiration.

The anasarca of the extremities and face, was the result (as in almost every other instance) of pressure upon the large venous cavities or trunks; thus obstructing the free return of blood to the heart. The presence of fluid in the pericardium, by interfering with the free dilatation of the auri-

cles and ventricles, no doubt contributed in inducing this exudation of serum from the extremities of the veins.

In referring to the treatment of this case, we cannot fail to remark the small amount of influence exerted over the disease by the most active remedies. Repeated bleeding, blistering, purgatives, digitalis, &c., appeared to exert but a very slight salutary agency. Nor did the disease begin to subside, until the mercurial influence was fairly established. It then gave way promptly and decidedly. The absorbent system being aroused into action, rapidly took up the serum effused into the pericardium and cellular structures, and the kidneys under the influence of the digitalis promptly expelled it from the system. The patient was now decidedly convalescent, the inflammation and its consequences were quickly removed; exhibiting another instance of the energetic action of mercury on the diseases of serous membranes.

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ART. X.—*A notice of the Epidemic Sore Throat as it appeared in Salem, N. J., and its vicinity.* By J. GIBBON, M. D.

SOME sporadic cases of the disease which forms the subject of this notice were observed during the latter part of the summer of 1844. It did not appear prominently as an epidemic, however, until late in November, from which period until the close of the winter it prevailed extensively in this neighbourhood. It resembled, in its general character and symptoms, the affection described by Bretonneau under the name of diphtherite (the *cyanæhe maligna* of another nomenclature).

It generally commenced with a slight soreness of the throat, accompanied by more or less cough, redness and swelling of the tonsils, uvula, velum palati and neighbouring parts. As the disease advanced the pain and difficulty in swallowing became more manifest, and the tonsils more enlarged. Hoarseness soon followed, and this symptom, where the disease was permitted to pursue its course unchecked, was rapidly succeeded by the stridulous sounds of croup. The disease having, at this stage of its progress, reached the larynx and trachea, displayed all the symptoms of croup superadded to those of ordinary catarrh. Upon examining the throat externally the tonsils could be distinctly felt enlarged and indurated, though but slightly painful to the touch.

Excepting in a few cases, the constitutional symptoms were not severe during the first stage. Some few cases were, however, accompanied by high febrile excitement and symptoms of acute inflammatory action from the beginning. As a general rule, the system sympathized but little with the diseased organs prior to the formation of an artificial membrane upon